

**MONTANA PRESCRIPTION DRUG REGISTRY**  
**MONTANA BOARD OF PHARMACY**

P.O. Box 200513 (301 S. Park, 4<sup>th</sup> Floor – Delivery) Helena, MT 59620-0513  
Phone: (406) 841-2240 Fax: (406) 841-2344 TTD: (406) 444-0532  
EMAIL: [dlibsdpdr@mt.gov](mailto:dlibsdpdr@mt.gov) WEBSITE: [www.MPDRInfo.mt.gov](http://www.MPDRInfo.mt.gov)



**COMPLIANCE/INVESTIGATOR REQUEST FOR INFORMATION**

**INSTRUCTIONS:**

Compliance officers and investigators of a healthcare licensing board may request a report from the Montana Prescription Drug Registry (MPDR) for any active complaint and investigation of drug misuse or drug diversion. To obtain a report from the MPDR, each compliance officer or inspector must:

1. Complete this Request Form / Confidentiality Agreement.
2. Attach a summary of the complaint-related investigation currently underway.
3. Submit the form and attachment to the Montana Prescription Drug Registry at the address, fax# or email address given above.

MPDR information may be shared with other active participants in your investigation and with members of the affected licensing board, but may not be shared with any other individuals or organizations.

**COMPLIANCE OFFICER/INVESTIGATOR INFORMATION:**

*Include your individual contact information in this section. The email address listed in this section will be used for all communications from the MPDR. Please print or type.*

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Business Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ State Employee ID #: \_\_\_\_\_

My Business Phone: \_\_\_\_\_ Business Fax: \_\_\_\_\_

My Business Email Address: \_\_\_\_\_

**INFORMATION BEING REQUESTED:**

*This section should include details about the person you are investigating. Please print or type.*

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Type of License Held / Licensing Board: \_\_\_\_\_

License Number: \_\_\_\_\_ Date Issued: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Complaint or Investigation Number: \_\_\_\_\_ Licensee's DEA#: \_\_\_\_\_

This licensee is being investigated for: ☐ Drug Misuse ☐ Drug Diversion

☐ Other: \_\_\_\_\_

Please report: ☐ Prescriptions written by this person ☐ Prescriptions purchased by this person

**PREFERRED METHOD OF REPORTING:**

*How would you like to receive the information you are requesting? Please check all options that apply:*

☐ Paper report hand-delivered to me at the MPDR office

☐ Digital file emailed via the State of Montana's secure file transfer service

**TERMS OF USE AND CONFIDENTIALITY AGREEMENT:**

*Read and initial each of the following statements:*

- \_\_\_ I understand that I am responsible for the security and confidentiality of reports available to me and agree to use the reports only for the purpose of furthering the active investigation identified on this Request Form.
- \_\_\_ I understand that information obtained from the MPDR can be shared with other active participants in this investigation and with members of the affected licensing board.
- \_\_\_ I agree not to disclose nor misrepresent any data or protected health information to any unauthorized person or party.

I hereby attest that all information contained in this request form is accurate and complete. I understand the terms of access and confidentiality for the Montana Prescription Drug Registry (MPDR) and I will abide by these terms. Violation of any of the terms of this agreement may result in revocation of access to the MPDR, disciplinary action by my employer, and I may be liable for a civil penalty of up to \$10,000 for each violation (MCA §37-7-1513) in addition to other sanctions provided by law.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

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**FOR USE BY MPDR STAFF ONLY:**

Processed By / Date: \_\_\_\_\_

Complaint Verified? \_\_\_Yes \_\_\_No License Verified? \_\_\_Yes \_\_\_No

Request Approved: \_\_\_Yes \_\_\_No Denial Reason: \_\_\_\_\_

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Notes: